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A Monthly Journal for Hospital Executives

Toronto, Can.

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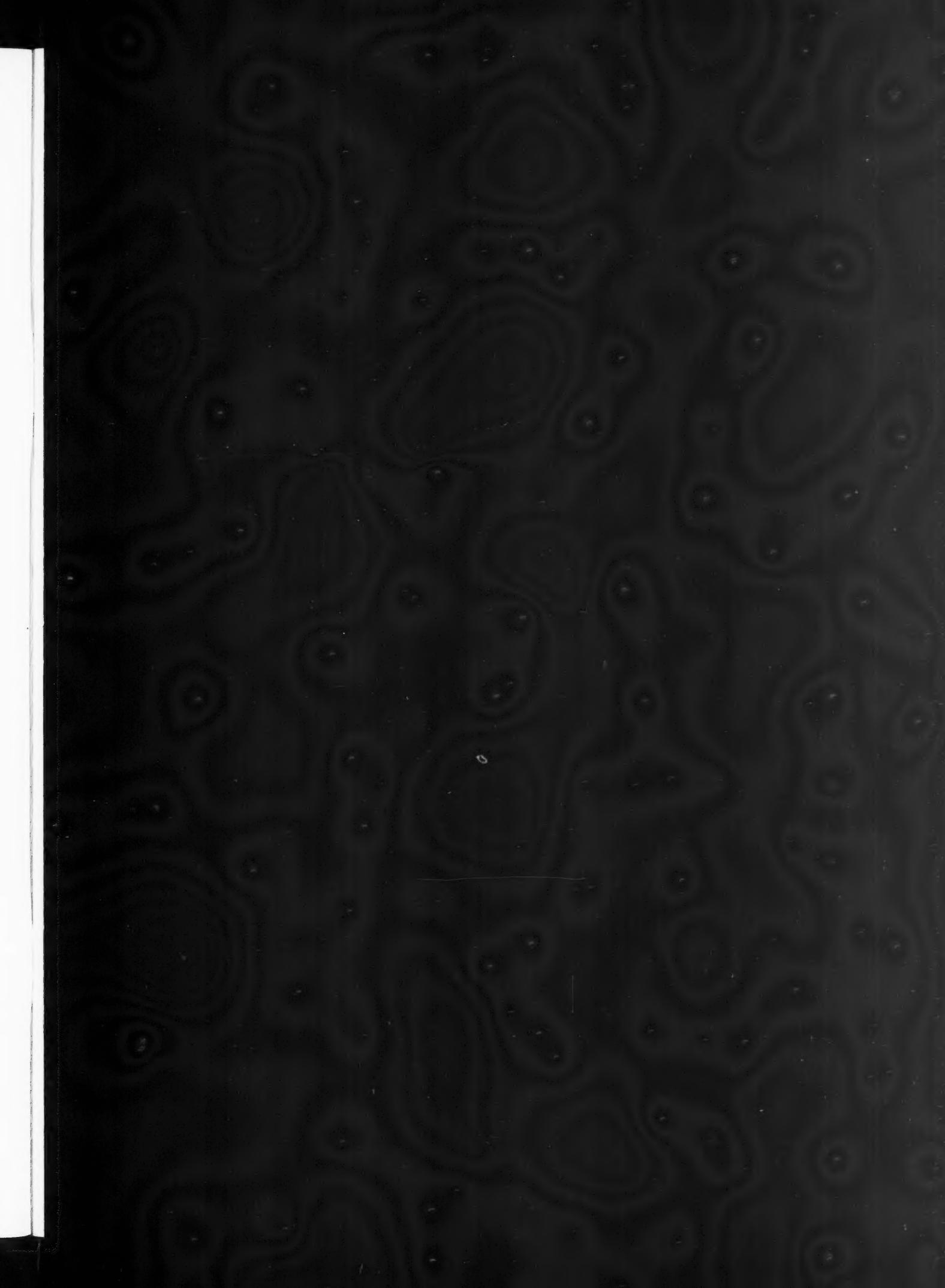
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Staff of 35 Voluntary Workers Provide Library Service at Royal Victoria

By INEZ H. BAYLIS

Librarian-in-Chief, Royal Victoria Hospital, Montreal

WHEN our wounded soldiers were being brought back to their home country, McGill Alumnae Society decided to organize, finance and conduct libraries in all military hospitals opened in this district. Nine libraries of various sizes were thus conducted by voluntary workers—women graduates of McGill University—and the thousands of dollars necessary for this work raised by the Society. This did not in any way repay for what had been done for us in France and other places by these wounded men.

At present all our veterans of this district are in one large hospital at Ste. Anne de Bellevue, at the west end of the Island of Montreal. There the McGill Alumnae Society continues the war work. The library, still financed by the Society though the librarian is paid by the Government, has over 5,000 books on the shelves, all the latest numbers of the best magazines in regular covers on the reading table, and writing material at the desks for the use of patients. In one wing of this hospital are T.B. patients only. For these there is a reading room with about 1,000 books used daily by these patients. No record of the books taken from the shelves in this branch is kept, so that combined with the fact that many other patients are mental, the circulation is not what it used to be—sometimes 110 books per day.

In 1920 one of the large military hospitals in the city, in which we had a library of 1,500 books, was closed. In over three years of work we had learned the value of books to the sick and knew a library should be in every civilian hospital. Therefore, with certain stipulations, mainly that the library must be a large central room, and secondly, kept up to a set standard, which would mean a regular annual grant for buying new books and other necessities, this library, including furniture, was donated to the Royal Victoria Hospital by the McGill Alumnae Society.

As the library would then be a definite department of the hospital as well as financed by them, the opinion of the Library Committee of McGill Alumnae was that the hospital would, in preference to having volunteers, appoint their own librarian, with a salary of course. Until the desired person was found, the McGill Alumnae Society offered to carry on our work here for two months. Instead of two months, the voluntary work has now reached its fourteenth year in this hospital library and will so continue.

In January, 1931, an important change was made,

From an address before meeting of Hospital Librarians, Montreal, June 28th, 1934.



The Hospital Librarian must know something of the technique of libraries and must also know how to approach a bedside. The well conducted hospital library helps immeasurably in making patients happier and thus aiding in recovery.



as previously a member of the hospital staff, but without any salary.

I have been the fortunate person to hold this position since this library was organized. I could not have carried on the work without the support of my faithful committee, each member of which has charge of some special part of the work, such as cataloguing, mending of books, buying books, and choosing of workers.

I shall give only a brief outline of the system under which the library is conducted, as more information can be obtained by all present from discussion and inspection of all corners, cupboards, drawers and shelves in this room.

In another wing of this hospital, the Women's Pavilion, there is a branch library from which books are given patients in that part of the hospital. Only patients are allowed to borrow books from the branch library. From this main library any person working in the hospital, from charwoman to superintendent, has the privilege of borrowing books without charge. They must come to the library for their books, have borrower's card, and pay the fine of two cents per day for overdue books. A notice is sent on the day the book is due. The new fictions are stamped 7-day books and the others may be kept 14 days.

To the 650 beds in the hospital, both public and private, books are taken twice a week on regular days. To meet the various demands of patients, each morning the workers have to place on this wagon, which holds about 150 volumes, some of the 3,000 books from all these shelves. Of course fiction occupies most space—and the new books always in demand. Children's books are picked from another cupboard. Foreign books (which we have in fifteen languages) are a great blessing to the poor sick ones far away from their native land. Some of the non-fiction is always placed on the wagon, as books of travel, biographies and occasionally poetry and essays are wanted by a patient.

though not noticeable to any one in the library or any other part of the hospital. The library had always been a department of the hospital but the work had advanced so much that it was agreed by McGill Alumnae Society and Superintendent of Royal Victoria Hospital that full control of the library should be given the hospital, but that the name of library be McGill Alumnae.

Since that date the librarian-in-chief, who has full charge of the library, instead of being elected annually by the McGill Alumnae Society, has been appointed by the Board of Governors of the Royal Victoria Hospital, and of course is

The duty of our staff of 35 voluntary workers is to make these bi-weekly visits to every patient, as well as loan books to any of the hospital staff who come to the library to borrow.

Each fall a regular schedule is made up by members of the committee of three workers for each day in the main library and two for two days in the branch. It is not a rule now, as it was when the work was organized in 1917, that every member be a university graduate. Personality, correct idea of business, and knowledge of books are the main points considered. A hospital librarian has to know something of the technique of libraries, but must also know how to approach a bedside.

Service Lies in Desire and Ability to Help the Sick

Many times I am asked how it is possible to obtain such a staff of voluntary librarians. It is merely the desire and ability of many to help the sick in this way. For the past few years we have had a waiting list of workers. The summer months are the only time it is almost impossible to have the work done steadily by volunteers. And here I feel I am justified in boasting. Since this library was donated in 1920, on no day except Sunday, Christmas and New Year's Day have the regular workers not been on duty. In emergency, workers are allowed to change days or call for service from one of the regular substitutes. That record might not have been made if during the past few years we had not had a paid summer worker. This position is always given to an undergraduate of the McGill University or some one struggling to meet the finances of their studies.

Two workers take books to the wards. The third remains in the library in order that members of hospital staff may obtain books, and she must also overlook the shelves. The same wards are visited on the same days of each week by the same workers. In this way patients are helped, as they know the exact days, and almost hour, to expect to see their great friends—the books—as well as receive a word of cheer from the librarian. The librarians knowing patients who are in the hospital for any length of time are able more easily to satisfy their desires, as well as sometimes lead them to reading books of a higher standard.

In the past year we have placed in every private room of the hospital cards giving the information that a free library of this type and size is in the hospital and stating the two days of each week on which books will be brought to those rooms. Sight of these cards must, I am sure, help remove the lonesome feeling anyone has on entering a hospital, which for some reason makes one feel in another world. Grayson says in his book "Solitude," written while he was a patient, that in a hospital a person only possessed his mind. His body and everything else were in the hands of the medical staff. What a grand thing it is that we have the privilege of making so many minds happier and thus aid in the recovery of the body.

Books are all catalogued on a modification of the system as used at the University Library. One card is in the catalogue trays, and one in the pocket in the back of each book—that is when the book is on the shelf. When in circulation the card, signed by borrower and dated by librarian, is on file in the set place according to the date the book is due. Often books overdue five years are re-

turned and the card for it can easily be found. It is the duty of the worker in charge each day to handle the books and cards correctly and keep a record of the number of books given out, as well as those returned.

A locked box with a chute in it so that books may be returned in the same way as a letter is mailed on the street, is in the library, in every public ward and on every floor of the private pavilions. The staff of the library are the only ones who handle the keys for these boxes and when rounds are being made each day the boxes in wards of the hospital visited are opened. These boxes aid in overcoming the difficulty of lost or passed-on books.

In the past year our circulation did not even reach 19,000. Depression has had its effects upon everything and hospitals have not escaped. People do not come to the hospitals, as was done a few years ago, for rest. They come now when it is an absolute necessity and remain for as short a time as possible. Very sick people cannot concentrate or perhaps even read a light novel. Hence not so many books are given out daily now, but it does not signify less appreciation or the need of a library in every hospital.

The most amazing outcome of our work is the change in the attitude of the medical profession. During the war they were indifferent or even antagonistic. Now the hospital library has their unanimous and enthusiastic support, in which nurses and all members of the hospital staff share.

I sincerely hope you will remember that this work that has been done by us in the military hospitals and carried on in this hospital library is wholly voluntary; and trust that from the words I have said and the inspection you are invited to make of this library, you will consider it of a high standard.

Methods of Educating Members of Staff and Committee

I know there is great opposition to volunteers having charge of hospital libraries. I agree with that as I would feel towards any other work that was not being studied and done in the best way. Money should not be the only thing to inspire a person to help others to the best of their ability. To make a success of any work one must give his heart and mind to it.

Without a firm foundation a house may prove a disaster or at least make cost and care almost unbearable. The same principle should apply to a hospital library. If volunteers are organizing such an important thing, the advice and assistance of trained librarians are necessary. We shall never forget the aid given in 1917 by the Redpath Library of McGill University.

With advancement further study must be given the work and more responsibility placed on each member of the staff. In a very short time I realized my own ignorance. To overcome it, to some extent, I took the course at the McGill Library School and some courses on medical subjects.

We also founded the Hospital Library Book Club, of which all persons on the library staff as well as the committee are members. Meetings, until the past year when the rush of everyone necessitated fewer meetings, were held every month. At these meetings we have an hour's lecture by some prominent person. The subjects discussed we try to make alternately literary and medical. This club

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NEW PAVILION OF TORONTO WESTERN HOSPITAL.

Above is architects' view of the new 14-storey Private Patients Pavilion of the Toronto Western Hospital, now under construction. It will cost approximately \$800,000. Govan, Ferguson and Lindsay are the architects.

Planning for Occupational Therapy in the General Hospital

B. EVAN PARRY, F.R.A.I.C.
Parry & Smith, Architects, Toronto

DR. H. A. PATERSON has stated that "occupational therapy may be described as an activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to, and hastening recovery from, a disease or injury."

As far back as the second century the necessity and therapeutic value of occupation was recognized, but it was not until the beginning of the 19th century that definite recognition of the value of occupational therapy was made.

The World War was responsible for the marked stimulus in Canada of the development of occupational therapy which occurred between the years of 1914 and 1918, and the late Lt. Col. W. M. Hart's report in no small measure was responsible for this development, wherein data was compiled of the conditions and difficulties which lay before the men on discharge from treatment and a constructive policy set forth for the purpose of lightening the future for them as far as possible.

There is evidence to hand of the growing recognition of occupational therapy by the general hospital, and in the use of this type of treatment in the handling of general medical and surgical cases, including outdoor patients. This conception is based upon the general hospital finding its ultimate usefulness in the function of the care of the sick and conservation of the health of the community.

In all modern hospitals there is now a full appreciation of the fact that those who are in ill health, but whose illness does not necessarily deprive them of all activity, are much more numerous and in much more need of help than are the acutely ill, and further require therapeutic treatment including occupational therapy, hence the need for accommodation in all occupational therapy departments for the outdoor patient.

Care in planning for outdoor patients and knowledge of technique are most essential, since it may be considered unwise for out-patients to come into contact with hospital inpatients or to even use the same tools, toilets or other facilities.

A modern hospital is first of all a place for treatment. However predominant such essentials as wards, utility rooms, administrative offices, etc., may be, there remains the fact that the rooms used for therapeutic purposes form a vitally important part of the whole institution, and the occupational therapy department is no exception. It is

from their design, their architectural planning, their shape and their equipment that the visitor and the patient obtain a true idea of the spirit that pervades the hospital. Many hospital authorities are of opinion that one could not apply the name of "hospital" to a building to-day unless it were completely equipped with the latest apparatus and equipment for occupational therapy.

It may even be said that the development of modern hospital planning is chiefly determined by the medical and technical progress in therapeutics. Nothing is more illustrative of the difference between the hospitals built about thirty years ago and those built to-day than the plan of the rooms used for treatment.

Before it became possible to design suitable accommodation for occupational therapy, a number of preliminary stages had to be passed through and all kinds of practical tests had to be made. This was unavoidable because of the whole trend of development, the constant introduction of new methods, the revolutionary changes brought about by numerous innovations and the design of the equipment.

The development has by no means come to a stop as yet, and it is highly probable that the progress of medical science will lead to new methods of remedial and curative treatment. Consequently further changes in the design of the occupational therapy department may be expected, so that due provision must be made for additional rooms, extensions and mergers with some of the other therapy departments.

If it is the concensus of medical opinion that the occupational therapy department will develop as herein outlined, it becomes advisable to have the occupational therapy department contiguous, either horizontally or vertically, to the physio-therapy department, and certainly it should be easily accessible to the out-patient department as well as to all units of the hospital proper. For these reasons one is justified in demanding that the rooms concerned should be situated as centrally as possible and that they should be easily accessible for both in- and out-patients.

The constant change in the systems and methods of treatment confronts the hospital architect with a never ending array of new problems. If he is to solve them he must possess an intimate knowledge of therapeutical practice. Therefore it becomes obligatory on his part to take a personal and intelligent interest in the progress of occupational therapy.

It is imperative that the architect should collaborate with
(Continued on page 8)

BRAN SUPPLIES NEEDED "BULK" FOR THE DIET

FRUITS and vegetables—and bran—are the best sources of "bulk," which helps promote elimination. But tests show that certain individuals have much of the fiber of fruits and vegetables broken down in the alimentary tract. When bran is added to their diet, elimination becomes regular again.

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Planning for Occupational Therapy in the General Hospital

(Continued from page 6)

the physician and the therapist in charge, and in order to do so he must keep himself abreast of every phase of modern progress in this sphere of hospital practice. An architect who complies with these requirements can always be relied upon to incorporate additional sections with old or new buildings, and to see to it that their arrangement fits in with the normal work of the hospital.

Proper co-ordination of this kind leads to a saving of space and working personnel and therefore complies with one of the most important demands, i.e., a minimum expenditure on operation and upkeep.

The general hospital, although changing as it does in most of its therapeutic aspects, following medical science, has not given a foothold to occupational therapy to the extent that its need and worth demand. This may be accounted for by the difficulty of financing, coupled with the usual rapid bed turnover and that of the out-patient service not having entered into the picture to the extent it should have done.

Acceptance of Occupational Therapy is Encouraging

Nevertheless the acceptance of occupational therapy in the hospital field has been very encouraging, due in no small measure to members of the medical profession, trained therapists, and public minded citizens seized with the conception of the scope for the general hospital of to-day. Many prominent members of the medical profession are of opinion that occupational therapy, to realize its greatest possibilities in the hospital, must do more than provide diversion. It must prove its ability to speed the mobilization of ankylosed joints, the return of normal strength and tonus to muscles atrophied by disuse. It must not be content to display rugs and baskets and what not of more than passing beauty and usefulness, but rather to convince the patient that each article made represents a return to him together with physical benefit during its making.

The possibilities of occupational therapy are boundless. For the cardiac, for the orthopedic, for the handicapped child, for the tuberculous, for the functionally nervous; diversion, occupational therapy, vocational therapy all possess untold possibilities. The late Dr. Thomas Salmon once said that "occupational therapy will some day rank with anaesthetics in taking suffering out of sickness, and with antitoxins in shortening its duration".

Differences of opinion obtain as to the relationship between occupational and vocational matters. There are three groups of activities inherent in the subject. *Diversional Therapy* amuses, and is also a medium for remedial therapy; games and puzzles, and so forth, represent this type of activity. *Occupational or Handcraft Therapy* assigns definite tasks which consist of useful things for the purpose not only of occupying the mind, but assisting in restoring weakened or lost function. *Pre-vocational Training* consists of steps leading to some trade. Vocational training peculiarly fits the patient for financially re-establishing himself. The latter is useful in bridging over between the purely therapeutic aims of occupational therapy and the reconstruction of independence by wage-

earning. Many are of the opinion that there may be much therapeutic value in vocational therapy, and no odium—no stigma of commercialism should be attached to this work. Many out-patient curative workshops have been developed in recent years as a direct result of the need for this type of service.

While it is unquestionably true that occupational treatment was first used with mental and nervous patients in Canada over a century ago, nevertheless those who are planning occupational therapy departments have a new problem before them. A satisfactory solution of this problem in each instance requires that all the light of experience in occupational treatment be brought to a careful analysis of the relation of structural formation of therapeutic needs. Group presentation of a subject is impossible. In the organization of occupational work the important thing is to know first what types of patient are to be treated, and next what facilities will be available for the presentation of various crafts.

The earlier occupational therapy departments, which were well balanced, usually consisted of the following crafts,—basketry, brushmaking, chair caning and carpentry. In the light of experience we see how wisely these are combined and how this simple group of four crafts forms the backbone of all that has been developed and found useful in the therapeutic employment of the sick man. All that has been developed since the time when departments consisted of this four craft skeleton is but a rounding out of this framework. A study of the addition of new crafts from this angle shows how, unwittingly no doubt, the balance was preserved, the new crafts helping to divide the needs between the two extremes into equal steps or stages, with the result that as the department developed the placement of the patient became simpler and the treatment could be applied with more precision.

Arrangement of Floor Space Into Treatment Rooms

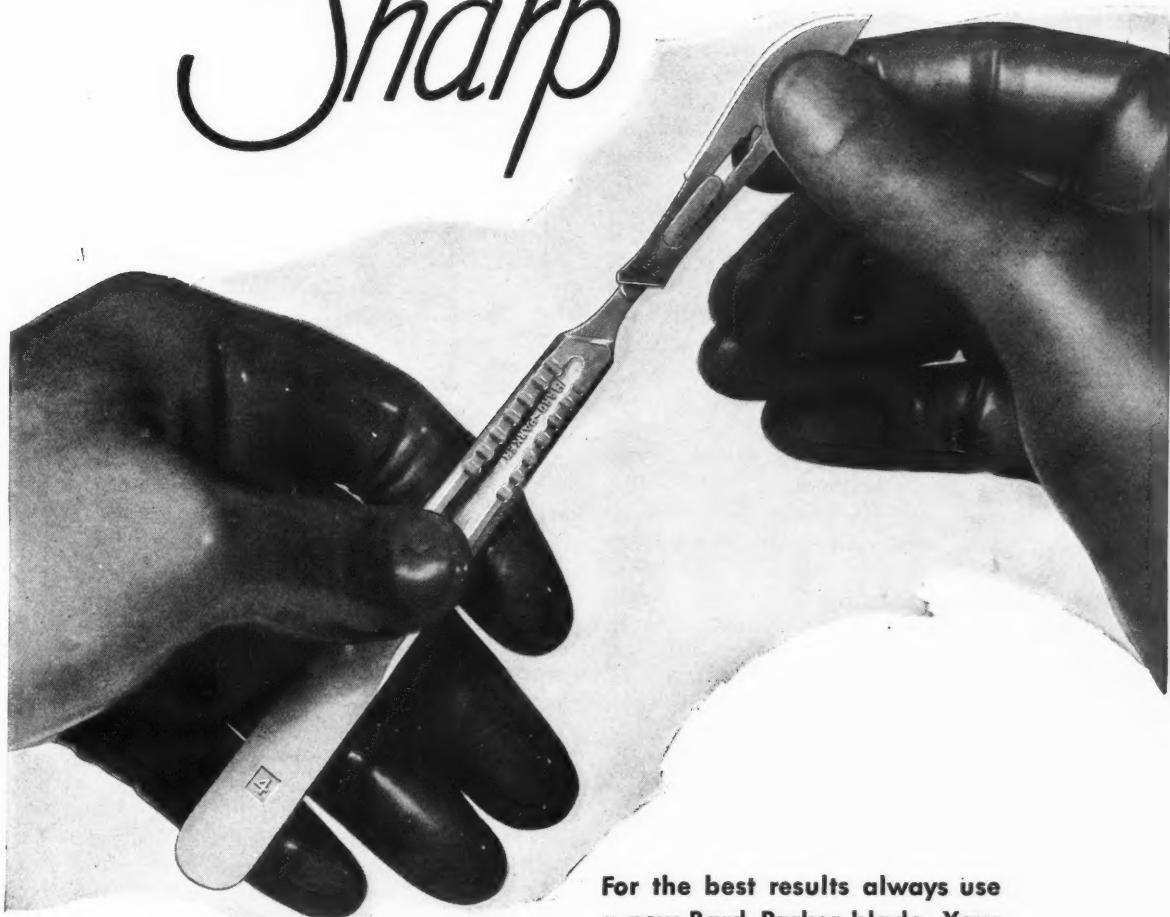
The essential basic principles that enter into the arranging of the floor space into rooms may here be emphasized; which are the isolation of and grading of noises, the isolation and grading of the use of tools, grading of processes according to the degree of co-ordination required, and the planning to have the rooms adjacent which may augment each other.

The most successful method of approach indicated by experience is as follows: the occupational therapist should decide on the list of activities deemed desirable to meet the local problem, figure on the number of patients to be treated as indicated by hospital needs and experience, including the requirements of treatment for out-door patients, and so forth, and then map out in a tentative way the floor space desired. It is good practice to allow approximately fifty-eight to sixty square feet of floor space per capita, exclusive of corridors, office, library, and so forth.

In studying the problem, the chief therapist will do well to consider lines of communication with the outdoor patient department as well as the therapy department, together with the various units of the hospital which will be served. In the process of developing the plan the chief therapist should cut out of light cardboard outline drawings, made to scale, of the floor space covered by equipment such as

(Continued on page 10)

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Planning for Occupational Therapy in the General Hospital

(Continued from page 8)

benches, looms, presses, physical, curative and remedial appurtenances and the like.

These pieces of cardboard can be moved about on the tentative floor space plans and located with pins, so that such problems as travel space, elbow room, and so forth, may be studied and easily solved.

When the various questions have been settled and the data recorded upon a rough tentative floor plan by the chief therapist, this plan should be taken into conference with the hospital director, chief of medical staff and the architect. After the sketch plans have been prepared by the architect, based upon the tentative discussions, they should be again studied by the chief therapist, who should suggest any changes that she may wish to have made, then present them with her approval to the chief of medical staff; and finally carefully reviewed at a joint conference with the hospital director and the architect.

A number of these staff conferences and joint conferences should be held as the plans take form, and when finally approved the plans should be presented to the hospital board.

The problem does not end with the embodying of all the desired features in the approved plan. The chief of medical staff and chief therapist must follow up the construction, and questions that arise should be brought immediately to the architect's attention by the hospital director.

The plan illustrated shows a layout for an occupational therapy department in a general hospital.

The desire which is so evident to-day of avoiding duplication of services has been fully recognized, inasmuch as it will be noted that the unit becomes an integral part of a department which includes physio-therapy as well as occupational therapy. This arrangement has great value, since patients for occupational therapy treatment have easy access to facilities for gymnasium, bath, and light treatments.

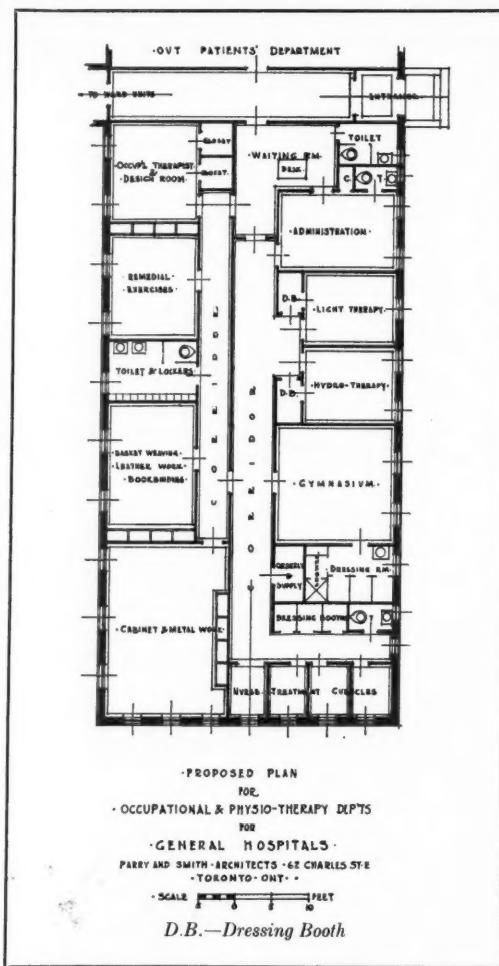
Incidentally the personnel required for administration is decreased and both time and labour conserved. Nevertheless both departments are segregated by a sound proof partition with means of access one to the other.

Previous reference has been made to the desirability of planning the occupational therapy department contiguous to the out-patient department as well as to other units of the hospital proper. This has been accomplished but at the same time its autonomy has been preserved.

The waiting room is common to both units and serves as a distributing centre for all patients arriving for treatment in these units.

There are two factors which it is necessary to consider when dealing with the use of the units—such as segregation of sexes and out- and in-patients. These conditions may be met by arranging staggered hours for treatment of the different classes involved.

Through the medium of the suggested co-ordination, it is possible for the occupational therapist to confer with the chief physio-therapist as well as to have access to a library common to both without wasting time or energy.



The chief occupational therapist is provided with a separate office in which is included the design room and ample cupboard space.

The remedial exercises room provides the necessary accommodation for such games and pastimes as ping pong, dart throwing, piano practice, and so forth. Facilities for basket work and repairs, weaving, bookbinding, and leather work are included in the unit and located in one room, since it is considered by therapists that these occupations can be carried on in proximity one to the other without an unduly disturbing effect.

Cabinet and metal work is well provided for at the end of the unit, so as to avoid the effect of noise producing activities. The nurses station permits control of the main corridor and treatment rooms of the physio-therapy unit.

The plan provides for a unit with three external walls, so as to permit ample lighting and ventilation, and further, such a unit lends itself to being the first floor of a complete therapeutic wing, an integral part of the general hospital. Open air verandahs could be added if so desired.

If the problems involved in planning the occupational therapy department are carefully considered and plans and active construction are followed up in a spirit of co-operation, the result will be a department that will give efficient service, and a source of revenue for the hospital.

The Development of Hospital Libraries is Worthy Aim

ACCORDING to history the inscription over the doorway of the library at Thebes was "Medicine for the Soul". These words have a particular significance when applied to a hospital library, for books may act as stimulants, as sedatives, hypnotics, or depressants—depending on the reaction of the patient. As the medicine for the body varies with the disease, so the medicine for the soul must vary. Books of travel may be used to carry the patient beyond the hospital walls, or books of biography to supply inspiration, but care should be taken not to place "thrillers" in the hands of a mild mental case or books with depressing or tragic endings as reading matter for tuberculous patients.

It requires tact and keen discernment on the part of the librarian to gauge the needs of each reader and the inclusiveness of the various books should be considered carefully before submitting them for the patients' selection. In order to serve its best purpose, the hospital library should be administered either by a skilled librarian on full or part time, depending upon the size of the hospital, or else a voluntary part time worker who is thoroughly conversant with books and their likely reactions on the readers.

Must Take Care that "The Book Fits the Patient"

The old-time custom of sending a parcel of books, frequently of ancient vintage, to a hospital and distributing them without any apparent system or judgment, is happily passing. In its place we find well established libraries, supervised by members of the staff, librarians or social service workers who take care to see that "the book fits the patient".

Unfortunately, hospital libraries in Canada have not been developed to the extent they might be. The Junior League and other organizations have been most generous in devoting their time to distributing books to the patients but there is still an opportunity in many hospitals, for greater development of this branch of service to the patients.

Authorities have found that "reading" for the patient is really a mild form of occupational therapy, although it occupies the mind rather than the muscles of the patient. In hospitals where there is a well organized library, doctors have found that the books not only help cure the sick but lessen the tedium of the convalescent period. From our observations we believe that every hospital could do more towards pleasing the patient by encouraging libraries and would do well to keep in mind the words of the poet:

"Books are like an open door,
Out of which the mind can soar,
Books can set the spirit free
Though the body shackled be."

GLACE BAY, N.S.—Sister Mary of the Trinity, for the past eight months on the staff of St. Martha's Hospital, Antigonish, has been appointed superintendent and treasurer of St. Joseph's Hospital, Glace Bay, succeeding Sister M. Rita, superintendent for the past few years.

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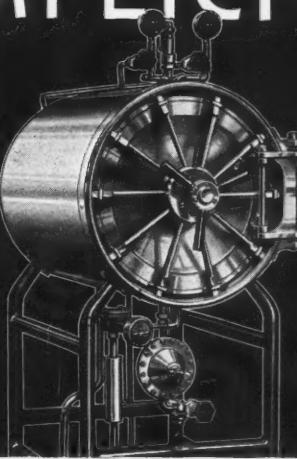
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Annual Convention of the Manitoba Hospital Association

THE Manitoba Hospital Association held its twelfth annual convention in Souris, on June 28th, and 29th. The meeting opened at 2 p.m. on June 28th, and was well attended by delegates from hospitals and institutions in Manitoba, representatives from the Ladies' Hospital Aids of Manitoba as well as representatives from various Manitoba Government Departments interested in hospital work. The Registration at this meeting was larger than has been obtained at any previous meeting of the Association.

Thursday afternoon the Annual Business Meeting was held with reports from various committees and officers of the Association.

During the afternoon tea was served by the Ladies' Aid of the Souris and Glenwood Hospital, which was followed by a Round Table discussion conducted by Dr. George Stephens, Superintendent of the Winnipeg General Hospital. Among the problems discussed at this conference were the following:

1. "Does it pay to Sue for Hospital Accounts."
2. "Spring Cleaning Problems."
3. "Problems of Occupancy."
4. "Insurance Liability."
5. "Maintaining Efficiency while giving effect to Drastic Economy."

On Thursday evening the Annual Dinner was held at which addresses were given by the Hon. E. A. McPherson, Provincial Treasurer of the Province of Manitoba, and Dr. George Stephens, Superintendent, Winnipeg General Hospital.

On Friday morning the meeting opened with an account of Effective Economies, adopted by Brandon General Hospital, and described by Mr. Oscar Harwood, Chairman of the Board.

Dr. Daniel Nicholson gave a very interesting account of the work for the Cancer Institute of Manitoba.

Dr. Murray Fisher, Deputy Municipal Commissioner of the Province of Manitoba, dealt with the problem of the Municipality and the Hospital, recommending methods of closer co-operation between the hospitals and the municipalities.

Mr. E. Gagnon, Business Manager of St. Boniface Hospital, presented a paper on Hospital Economies.

Dr. D. A. Stewart, Superintendent of Manitoba Sanatorium, Ninette, Manitoba, dealt with the incidence of Tubercular Infection and methods of prevention amongst members of staffs of General Hospitals.

The meeting concluded on Friday afternoon, and it was decided that the next annual meeting would be held at Dauphin, during the last week of June, 1935.

Resolutions were adopted by the Association dealing with the following subjects:—

The necessity of closer co-operation of the hospitals with the Municipalities and a better understanding of their mutual problems.

The working out in conjunction with other Canadian Hospital Associations of some plan for financial support of the Canadian Hospital Council with authority to the executive to make such contribution towards this purpose as it may deem advisable.

Recommendation of a more equitable distribution of financial liability with regard to the "Floaters".

Acceptance of the offer of Dr. D. A. Stewart to deal with the "Incidence of Tuberculosis among Student Nurses", in a bulletin and recommendation that the Officers of the Association make a special study of working and living conditions of Student Nurses in Manitoba Hospitals.

The following officers were elected for the coming year:

Honorary President—Dr. E. W. Montgomery, Division of Hospitalization, Dept. of Health and Public Welfare.

President—Mr. J. H. Metcalfe, Portage La Prairie, Manitoba.

Vice-President—Miss C. Kettles, R.N., Superintendent, Dauphin General Hospital, Dauphin, Manitoba.

Secretary—Dr. G. S. Williams, Superintendent, Children's Hospital of Winnipeg.

Treasurer—Dr. Dougald McIntyre, Assistant Medical Superintendent, Municipal Hospitals, Winnipeg, Manitoba.

Ontario District Officers of Health Are Dismissed

District Officers of Health are a relic of the "horse-and-buggy stage" of Ontario's development, ruled Premier Mitchell F. Hepburn on July 18th in dismissing seven officials, wiping out the branch completely, and saving the Province, in salaries, about \$28,000 a year.

Those removed by the order are: Dr. George L. Sparks, Fort William; Dr. H. W. Johnston, Sault Ste. Marie; Dr. M. G. Thompson, North Bay; Dr. N. H. Sutton, Peterborough; Dr. P. J. Moloney, Ottawa; Dr. T. J. McNally, London, and Dr. W. E. George, Hamilton. Many of them will receive superannuation benefits. Their salaries amounted to \$4,000 each per annum.

"We've been expending nearly \$40,000 a year on this service," said Mr. Hepburn. "It's a long time since we passed the horse-and-buggy stage in Ontario. There's a Medical Officer of Health in every municipality, and they can easily keep in touch with Toronto. In the event of an epidemic we can have officials on the scene, by car or aeroplane, in plenty of time."

"The district officer has outlived his usefulness. In no case will he be replaced."

Coming Conventions

Hospital Association of Nova Scotia and Prince Edward Island, Charlottetown, Aug. 29-30th.

Ontario Conference of Catholic Hospital Association, Kingston, Aug. 29-30-31st.

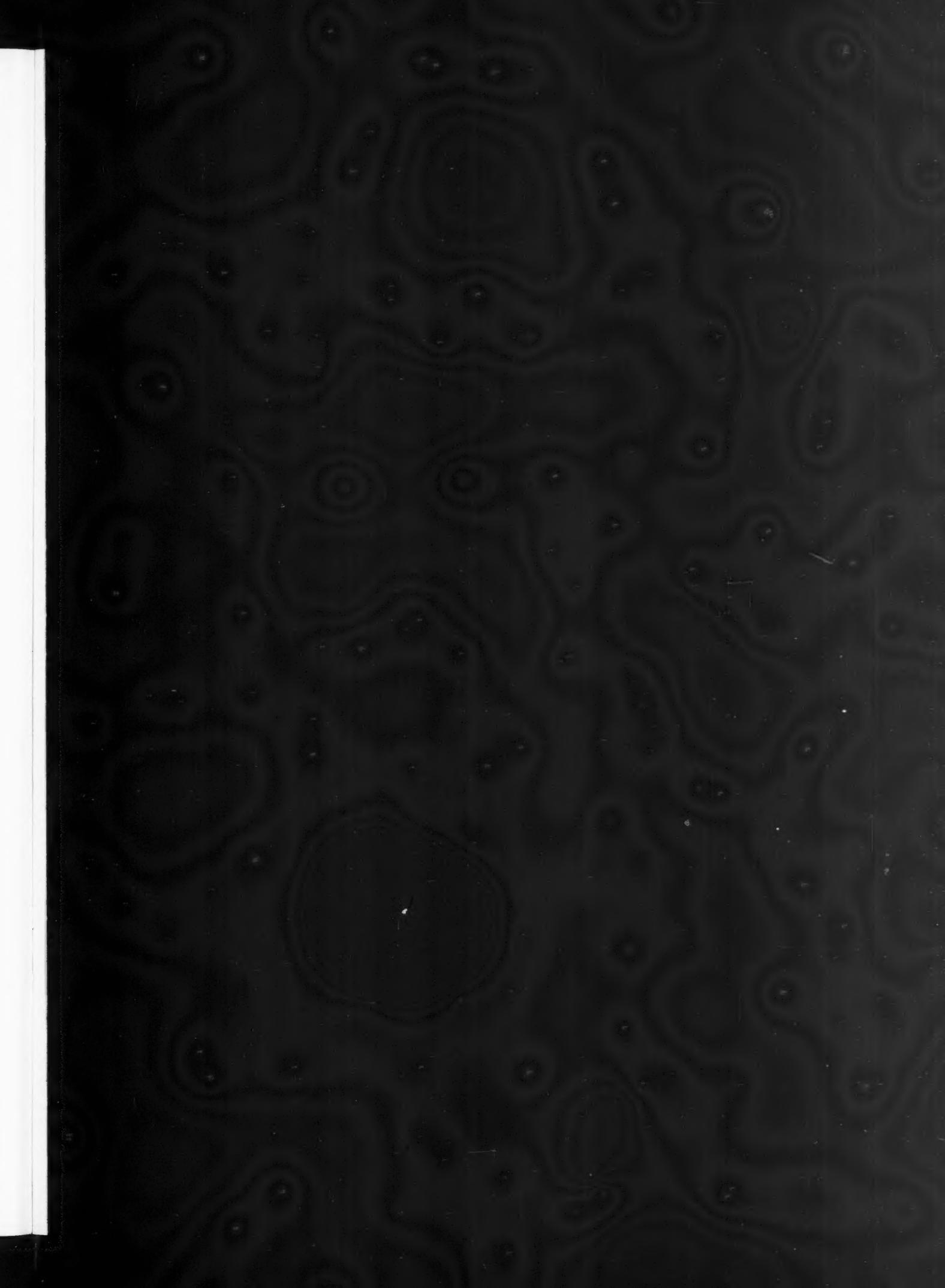
American College of Hospital Administrators, Philadelphia, Sept. 22nd.

American Hospital Association, Philadelphia, Sept. 24-28th.

American College of Surgeons, Boston, Oct. 15-19th.

Ontario Hospital Association, Toronto, Oct. 24-26th.

Women's Hospital Aids Association, Toronto, Oct. 24-26th.





D&G KAL-DERMIC

The Ideal Suture for Skin and Tension Work



D&G Kal-dermic—in sealed glass tubes—offers distinct advantages over “envelope” sutures . . . at no premium in price

D&G Kal-dermic embodies the desirable features of all the materials traditionally associated with derma-closure and has none of their disadvantages. It is non-capillary, exceptionally strong, resistant to tissue fluids, non-irritative, uniform in diameter, distinctive in color, and extremely flexible.

D&G Kal-dermic sutures are heat sterilized after the tubes are sealed, and are unaffected by age, climate, light, or repeated boiling of the tubes. Available in sizes 8-0 (oooooooo) to 3, in several lengths, and in various needle combinations. Complete information will be sent upon request.

DAVIS & GECK, INC., 217 DUFFIELD STREET, BROOKLYN, NEW YORK



ATRAUMATIC SUTURES

with needles integrally affixed

Intestinal Sutures

KALMERID plain or chromic catgut, celluloid linen or silk with Atraumatic needles in the several types indicated integrally affixed. Suture lengths: 36 inches for products 1342, 1352, 1372 and 1542; all others 28 inches.

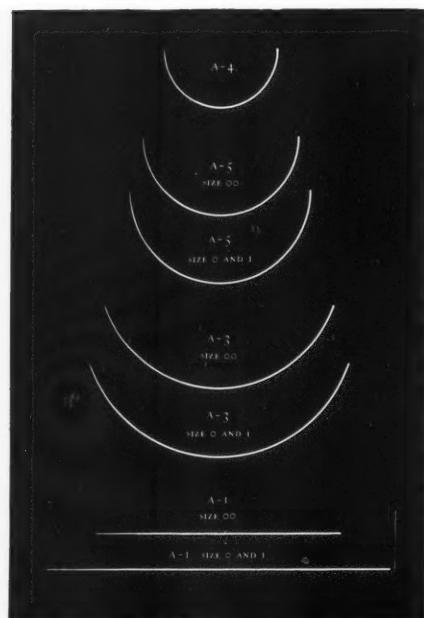
BOILABLE VARIETY

Plain Catgut:

NO.	NEEDLE	DOZEN
1301..STRAIGHT NEEDLE.....A-1.....	\$3.60	
1303.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....	4.20	
1304.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20	
1305.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....	4.20	

20-Day Chromic:

1341..STRAIGHT NEEDLE.....A-1.....	\$3.60
1342..TWO STRAIGHT NEEDLES.....A-1.....	4.20
1343.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....	4.20
1344.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20
1345.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....	4.20



Intestinal Sutures

Celluloid Linen:

NO.	NEEDLE	DOZEN
1351..STRAIGHT NEEDLE*.....A-1.....	\$3.60	
1352..TWO STRAIGHT NEEDLES*.....A-1.....	4.20	
1354.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20	

Black Silk:

1371..STRAIGHT NEEDLE*.....A-1.....	\$3.60
1372..TWO STRAIGHT NEEDLES*.....A-1.....	4.20
1374.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20

NON-BOILABLE VARIETY

Plain Catgut:

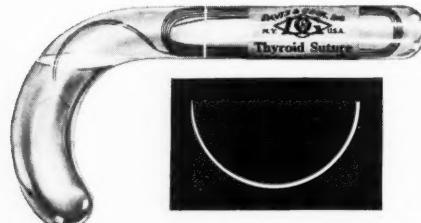
1501..STRAIGHT NEEDLE.....A-1.....	\$3.60
1503.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....	4.20
1504.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20
1505.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....	4.20

20-Day Chromic:

1541..STRAIGHT NEEDLE.....A-1.....	\$3.60
1542..TWO STRAIGHT NEEDLES.....A-1.....	4.20
1543.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....	4.20
1544.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4.....	4.20
1545.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....	4.20

Sizes: 00..0..1, except * 00..0 only

In packages of 12 tubes of a kind and size



Thyroid Sutures

KALMERID plain catgut with half-circle taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1625..BOILABLE VARIETY.....	0
1635..NON BOILABLE VARIETY.....	0

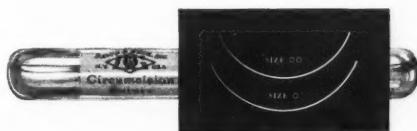
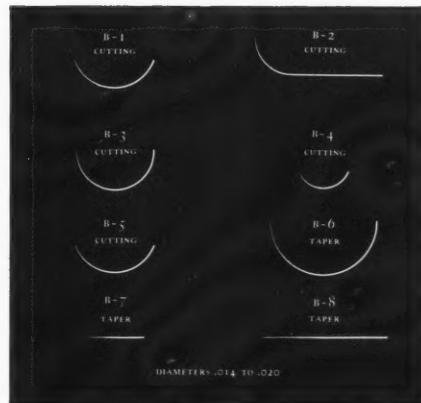
Package of 12 tubes of a kind.....\$4.20



Tonsil Sutures

KALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	0
1615..NON-BOILABLE VARIETY.....	0
Package of 12 tubes.....	\$4.20

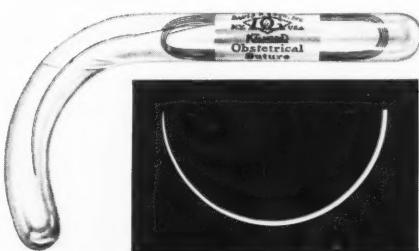


Circumcision Sutures

KALMERID plain catgut, three-eighths circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
605..BOILABLE VARIETY.....	00, 0
635..NON-BOILABLE VARIETY.....	00, 0

Package of 4 tubes \$1.20; per doz. \$3.60
Also obtainable with eyed-type needles at same price



Obstetrical Sutures

KALMERID 40-day catgut with half-circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
655..BOILABLE VARIETY.....	2, 3
685..NON-BOILABLE VARIETY.....	2, 3

Package of 3 tubes \$1.20; per doz. \$4.20
Also obtainable with eyed-type needles at same price

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Plastic Sutures

NO.	MATERIAL	SIZE	NEEDLE
1651..KAL-DERMIC.....	6-0...	3/8-CIRCLE,	B-1
1655..KAL-DERMIC.....	4-0...	1/2-CURVED,	B-2
1658..BLACK SILK.....	4-0...	1/2-CURVED,	B-2

Eye Sutures

1661..BLACK SILK.....	6-0...	1/2-CIRCLE,	B-3
1665..BLACK SILK.....	4-0...	3/8-CIRCLE,	B-1
1666..PLAIN CATGUT.....	3-0...	3/8-CIRCLE*,	B-4
1667..PLAIN CATGUT.....	3-0...	3/8-CIRCLE,	B-4
1668..10-DAY CATGUT..	3-0...	3/8-CIRCLE*,	B-5
1669..10-DAY CATGUT..	3-0...	3/8-CIRCLE,	B-5

* Double armed, suture length 12 inches

Nerve and Artery Sutures

1670..BLACK SILK.....	6-0...	STRAIGHT,	B-7
1675..BLACK SILK.....	6-0...	STRAIGHT,	B-8
1678..BLACK SILK.....	6-0...	1/2-CIRCLE*,	B-3

* Taper point

Ureteral and Renal Sutures

1690..20-DAY CATGUT..	4-0...	1/2-CIRCLE,	B-3
1695..PLAIN CATGUT.....	4-0...	1/2-CIRCLE,	B-6
1698..20-DAY CATGUT..	4-0...	1/2-CIRCLE,	B-6

Package of 12 tubes of a kind.....\$4.20

Suture length 18 inches. Boilable.

Other D & G Products

INFORMATION and prices sent upon request covering Kalmerid catgut, Kaldermic skin and tension sutures, unabsorbable sutures, ribbon gut, kangaroo tendons, minor sutures, emergency sutures, umbilical tape, and Kalmerid germicidal tablets.

S U T U R E S I N A N C I E N T S U R G E R Y

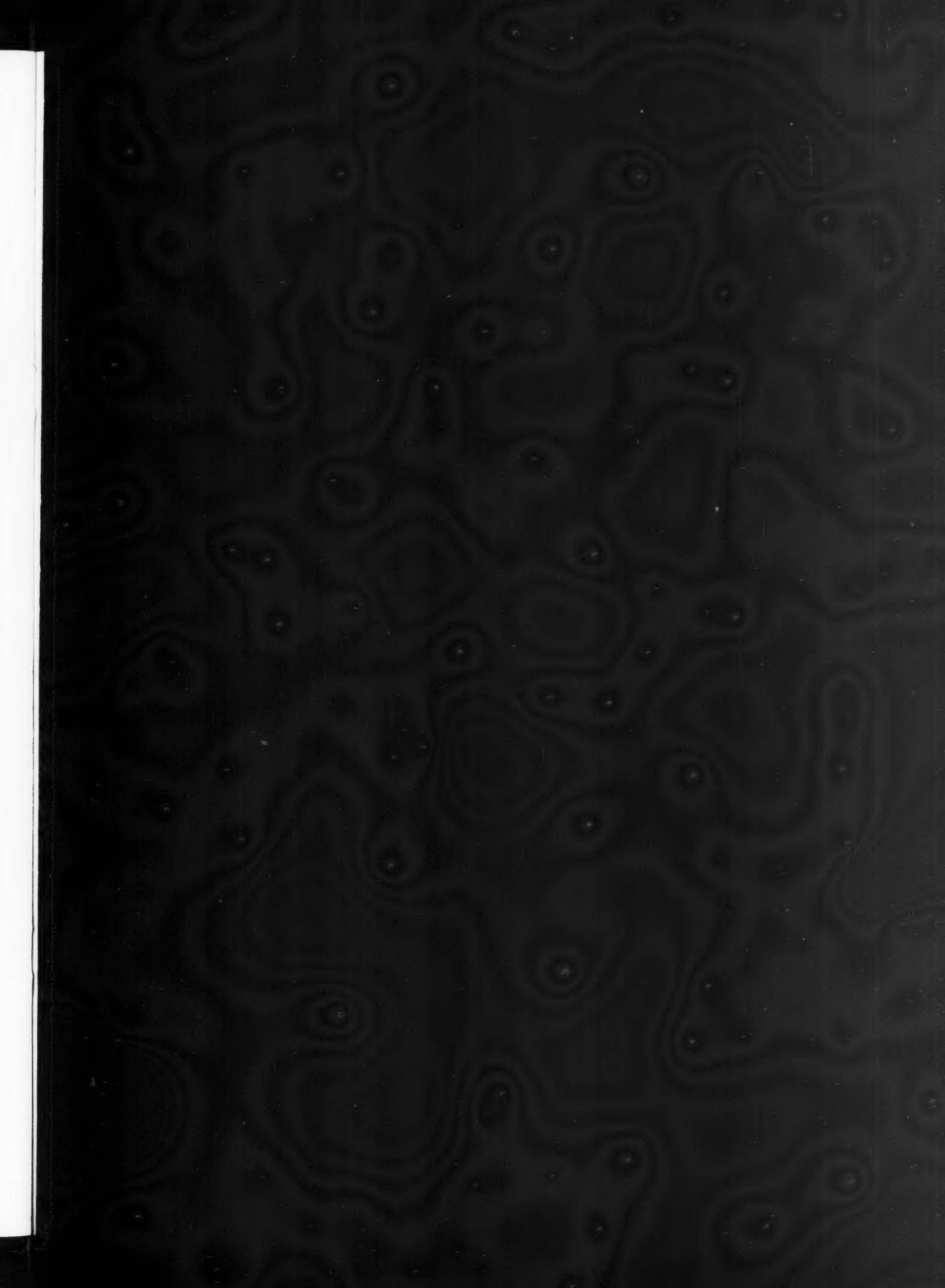


SURGEONS of ancient Egypt were well advanced in knowledge of anatomy and wound treatment. The Edwin Smith Papyrus, though written nearly four thousand years ago and constituting the oldest medical work in existence, describes methods and appliances surprisingly modern. The cautery was known but seldom used. Wounds were approximated with adhesive plaster made from strips of linen and were closed with sutures.

D&G Sutures

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.





Work Temporarily Stopped on Smith's Falls Hospital

More than 200 men who were employed at construction work on the provincial hospital for mental defectives at Smiths' Falls which was commenced early in May, were notified on July 12th that their services would not be required after that date.

Little information regarding the wholesale laying off of the men could be obtained other than the fact that word was received by R. J. Spall, superintendent of construction, from the Department of Health at Toronto to cease all work on the buildings.

All work on Ontario Government construction will be temporarily halted, a government spokesman told the Canadian Press, "until it is discovered if contracts were let by tender in the usual way".

Commenting on the laying-off of 200 men on the construction of the Ontario hospital for mental defectives at Smiths Falls, the spokesman said the stoppage would not be permanent and in all likelihood work would be resumed just as soon as officials of the Department of Public Works completed inquiries they wished to make.

Montreal Neurological Institute Opens in September

Opening ceremonies of the Montreal Neurological Institute, new centre of medical research at McGill University, will take place on Thursday, September 27, according to an announcement made by Dr. Wilder G. Penfield, professor of neurology and neurosurgery, and director of the institute. Dr. Penfield recently moved his offices into the sixth floor of the building, and those of his assistants and associates, and the laboratories on the seventh floor, are now being equipped. The structure itself is completed.

Dr. Charles F. Martin, LL.D., dean of the McGill faculty of medicine, will preside at the official inauguration, and His Worship Camillien Houde, Mayor of Montreal, will unveil the statue in the entrance hall which bears the following inscription: "La nature se dévoilant devant la science" (Nature unveiling herself before science").

The statue is a replica of the one which stands in the Ecole de Medicine, Paris, and the latter is a copy of the original statue which is housed in the Louvre. The statue is regarded as the only thing in art which expresses the idea of neurological research.

Book Reviews

"THE PROFESSIONAL TRAINING OF THE HOSPITAL DIETITIAN"—by Helen Clarke, Ph.D., 96 pages. Bureau of Publications, Teachers' College, Columbia University, New York, 1934. Cloth \$1.50.

This little work by Miss Clark deals with the training of hospital dietitians and outlines the courses of study which should be followed. It should prove of interest not only to the dietitian but to the superintendent of the hospital as well.

Please refer to THE CANADIAN HOSPITAL when writing



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Cross Section View.

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Vol. 11

AUGUST, 1934

No. 7

Have You a Room Check Made on Departure of Patient?

HERE are many ways of pleasing patients, of making them comfortable and happy and of thus improving the hospital relations with the public, but we believe that there is one very effective way of creating good will which is not always fully appreciated. That is a periodic room check. It is a matter of fact that a careful scrutiny of a patient's room in most hospitals will reveal some evidence of wear—a loose light switch, a creaky hinge, a dripping tap, or a rattling sash. If one keeps in mind the psychological reactions of the sick, it is easy to understand how such often trivial annoyances weigh more with the patient than the most conscientious nursing care, and are taken by the patient and friends as an index of the general carelessness of the hospital.

To effectively control the periodic inspection of rooms, Doctor T. W. Walker, the energetic superintendent of the Provincial Royal Jubilee Hospital of Victoria, B.C., an institution which is fast forging to the very front rank of Canadian hospitals, has had prepared a Periodic Room Check slip which must be filled in by a member of the maintenance department and returned to the office as soon as a patient has vacated a room. This form lists some thirty-two items which must be checked off; for instance the bed must be checked for castors, raising gear, springs and oiling, the door for knobs, hinges, lock and oiling, etc. The window, the radiator, the standard lamp, the bell signal, the toilet, the bureau, the chairs, everything likely to get out of order is checked. Even the transom is checked for gear and oil. The slip is then signed and dated. This systematic attention to detail has not only prevented much annoyance to patients but has proven a distinct economy measure to the hospital, for truly "a stitch in time saves nine".

Race Prejudice Has No Place in Our Hospitals

RECENTLY the intern staff of a large hospital in Montreal, intimately connected with the Université de Montreal, went on strike because of the appointment to the intern staff of a young intern of Hebrew race, a graduate of that University. From information received the strike was indirectly precipitated by the desire of a number of recent graduates without internship appointment to secure the appointment given to this particular intern. We understand that the final-year students, as is the usual custom, had their applications before the various French Canadian and other hospitals. Meanwhile, the intern in question had applied at this particular hospital and had been accepted. Later, some of the graduating class, finding their applications elsewhere not accepted, desired the position already given to the Hebrew applicant.

The unfortunate situation was soon cleared up by the resignation of the young man in question. Fortunately for the hospitals, and particularly their patients, so-called strikes of interns and nurses are rare. The potential danger of any such action to the patients is always a matter of the deepest concern to the patients and those responsible for their care. It is a matter of regret, however, that the solution of this controversy involved the sacrifice of a valuable appointment by a young man who had with commendable foresight made an early application and had been duly accepted. Surely the exhibition of such race prejudice does not belong to this day and generation.



The Value of Hospital Advertising (or Publicity) Should Not Be Ignored

IN these days when finances are a worry to hospitals, the question naturally arises—"How can paying patronage be increased and thus bring about greater revenue?" To what extent, if any, should hospitals advertise? This is an advertising age and the spoils in industry do seem to go to those who advertise. If the hospital decides to utilize this means of interesting the public, it is necessary to decide to what extent should hospitals follow this development.

However, there is advertising and advertising, and the hospital not being a fly-by-night organization must lay foundations for the future in its public relations. Naturally there is competition between hospitals, particularly in larger centers, and hospitals are justified in letting the public know of the services which they offer and, with becoming modesty, an idea can be conveyed of the results which they can achieve. There is more than a grain of truth in the statement that the satisfied patient is the hospital's best advertisement and, inasmuch as the hospital exists primarily to help the patient, every effort should be made to concentrate upon this form of advertising.

Publicity carried on by any one institution should be the sort that will be beneficial to all like institutions in the community, and should tend to develop public confidence

in hospitals. Undoubtedly the best way to achieve this result is to humanize the institution and explain its functions so that people may understand the various services offered.

There are many legitimate ways of acquainting the public with these services, but the best medium of all is the press. Newspapers almost always seem willing to make press references to the work of the hospital, and there seems to be no limit to the range of subjects which would have a valuable public appeal. Unusual cases, reductions in rates, installation of new equipment or facilities, new appointments, breaking of old records or visits from distinguished callers are but a few of the items which might be of interest. Very often the advertising value of an interesting photograph of hospital events, more than compensates for any cost entailed.

However, in the use of any subject-matter which would concern individual patients or members of the medical staff, great care should be taken that nothing is given to the press which might prove offensive or embarrassing to the individual concerned. Some people are reticent concerning publicity and this applies particularly to elderly people, maternity patients, and to the medical profession as a whole, in which group the code of ethics very rightly implies that credit should follow results rather than be given for personal and selfish ends.

Hospital advertising can take many forms without losing sight of the original idea of developing public confidence in hospitals. Hospital Day, visits from service clubs and arrangements with social organizations for assistance in various hospital activities provide excellent opportunities for hospitals to advertise themselves to the public.

Naturally, at times of public appeal for funds, the hospital is justified in not only using the press but in distributing literature by mail and other ways to citizens at large.

When occasion offers, it would seem to be quite permissible for hospital trustees, superintendents and members of the medical staff, to address local organizations on the work of the hospital.

Where hospitals are actively participating in group hospitalization plans, carefully worded direct advertising would seem to be warranted, although where only a portion of the local hospitals are participating in such plans great care should be taken not to embarrass the non-participating hospitals.

There is no reason why our hospitals, doing the excellent work which they are doing, should keep their light under a bushel. At the same time, the public resent too much high-pressure advertising, have a natural tendency to discount much of what would appear to be forced enthusiasm, and it would seem wise to keep in mind always that in most matters, and particularly in the affairs of hospitals, "actions speak louder than words."

Flowers speak the language of love, fragrance, solace, remembrance, and beauty. Their expression of countenance as much as men or animals. Some seem sad, some seem to smile, some are pensive and diffident, others again are plain, honest and upright like the broad healthy face of the sunflower.

Please refer to THE CANADIAN HOSPITAL when writing

Important Announcement to Hospital Superintendents



You will be surprised at the
superior wearing qualities
and low price of our

STEREX

Nursing Bottle Nipples

Write for Samples.

Made in Canada by

Sterling Rubber Company

LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

Nitrous Oxide Oxygen

Ethylene-Carbon Dioxide

CO₂-OXYGEN MIXTURES

ANAESTHETIC APPLIANCES

All Sizes of Cylinders
Write us direct for Quotations

Motorless Oxygen Tents

For Sale or For Rent

CHENEY CHEMICALS
LIMITED

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TORONTO

News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

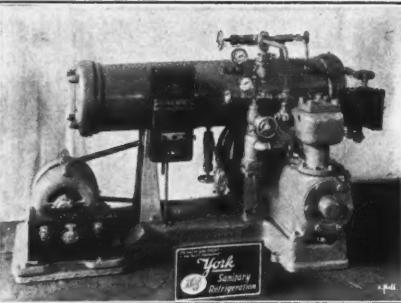
BRIDGETOWN, N.S.—Miss Lucy Marshall of Beaver Brook, Colchester County native, has been appointed superintendent at the Dawson Memorial Hospital here. Miss Marshall has had a wide experience in hospital work throughout the United States.

* * *

CHARLOTTETOWN, P.E.I.—Dr. A. Murchison, son of Dr. Alexander Murchison, Clyde River, has been appointed medical superintendent of Falconwood Hospital here, and assumed his duties on July 1. Dr. Murchison had five years' experience in a mental hospital in New York and was highly recommended for his new position.

* * *

CHESTERFIELD INLET.—A radium machine has been shipped to the Catholic Hospital at Chesterfield Inlet on the Arctic Ship "Nascopie," which sailed from Montreal early last month. This valuable equipment is being sent by Msgr. Arsene Turquetil, Vicar Apostolic of Keewatin.



Yorkco Unit — Made in Canada

Most Canadian Hospitals using
Mechanical Refrigeration
have

"YORK"
ICE MACHINES

"The Best Made"

Let us send you the names of those nearest you.

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Please refer to THE CANADIAN HOSPITAL when writing

EDMUNDSTON, N.B.—At a meeting of the Town Council a short time ago, long discussion arose concerning the hospital question, which has been pending for the past few months.

The Sisters of St. Basil Hospital approached the Council some months ago, asking its views in connection with the construction of a new building. It was finally agreed that a yearly amount of \$2,500, together with exemption of taxes, be granted to the Sisters for a period of 20 years, subject to the following conditions: that the Sisters submit the plans of the hospital to the council who may approve or reject them; that construction begin in 1934; that the Sisters build a hospital of not less than 50-bed capacity, and that the Sisters agree to pay all sewerage, water and electricity rates for such a building.

* * *

ELMWOOD, MAN.—With hundreds of Mennonite citizens of Winnipeg and Manitoba thronging the halls and terraces of the new Concordia Hospital on June 17th, Premier John Bracken climaxed the day of festivities by formally declaring the institution open.

Many people took advantage of the opportunity to inspect the building. Nurses and officials acted as guides. A buffet lunch was served in the reception rooms.

The staff of 11 nurses and supervisor are all German graduates of various Canadian and American hospitals. The hospital is entirely modern and up-to-date.

* * *

HALIFAX, N.S.—Miss Katherine G. O'Connell, R.N., of this city, has been appointed nurse at the city Tuberculosis Hospital by the Charities Committee. Miss O'Connell succeeds Miss Gwendolyn Ross, R.N., who has retired.

* * *

LONDON, ONT.—The Government on July 18th appointed Dr. Claude McClenhan as Acting Superintendent of the Ontario Hospital, pending appointment of a new Superintendent.

* * *

MONTRAL, QUE.—Dr. J. C. MacKenzie, general supervisor of the Central and Western divisions of the Montreal General Hospital, who was married in June, was presented with a grandfather's clock by Mr. Dunlop, chief clerk of the hospital, on behalf of the staff. The presentation took place in the Outdoor Department of the Central Division.

* * *

MONTRAL, QUE.—Work is now under way on the construction of the new \$900,000 addition to the Jean de Dieu

Hospital in Longue Pointe, the bursar of the Montreal province of the Sisters of the Providence announced on July 3rd. The addition will provide for about 650 beds and is located on the west side of the Bourget Sanatorium. It will be five storeys in height and is expected to be completed some time before 1935.

* * *

MONTREAL, QUE.—Storm centre in the recent strike of interns in five French-Canadian hospitals of Montreal, Dr. Sam Rabinovitch, who resigned an internship in the Notre Dame Hospital so as to bring the strike to an end, let it be known here on July 13th that he had received an appointment as surgical intern at Sinai Hospital, Baltimore.

Dr. Rabinovitch stated he would work under Dr. F. Ullman, surgeon-in-chief of Sinai Hospital and professor of surgery at Johns Hopkins University.

* * *

MOOSE JAW, SASK.—Miss Margaret Gall, R.N., left here on July 7th for Rindey, Alta., where she has accepted a position in St. Paul's Hospital.

* * *

OTTAWA, ONT.—Dr. Norman Guiou has resigned his post as medical officer supervising the Soldiers' Ward in the Civic Hospital under the Department of Pensions and National Health.

The doctor found it necessary to relinquish this post on account of other duties at the Civic Hospital. He has been in charge of the Soldiers' Ward since the death of Dr. J. F. Kidd.

* * *

OTTAWA, ONT.—Notification has been received by the Ottawa Civic Hospital Board that the Government Grant of 60 cents per day per paid patients, which has been in effect for the past ten years in that hospital, will be discontinued early in December. This will mean a loss to the hospital of between \$30,000 and \$35,000 a year. This applies only to the private and semi-private patients and not to indigent patients.

* * *

PETROLIA, ONT.—Miss Margaret Ewart, R.N., of Smiths Falls, has been appointed X-ray and laboratory technician of the Charlotte Eleanor Englehart Hospital. The vacancy was caused by the death of Dr. F. W. Mulligan, who had been in charge of the X-ray department since its installation a few years ago. Miss Ewart received her education at the local public and high schools and then trained at the Port Huron General Hospital, later studying X-ray work at the Hamilton General Hospital. She has been in charge of the X-ray department at Smiths Falls for the past year.

* * *

RED DEER, ALTA.—The thirtieth anniversary of the Red Deer Municipal Hospital was observed in June in

connection with National Hospital Day, and many from the surrounding districts called to inspect the building

(Continued on next page)

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News of Hospitals and Staffs

(Continued from preceding page)

and equipment. A programme was presented, and a social hour was enjoyed.

Mrs. R. L. Gaetz, Mrs. J. C. La France and Mrs. E. G. Johns assisted Mrs. O. Findlay, the superintendent, in receiving the guests, who numbered one hundred and fifty, and were shown over the hospital by Nurse Pearson, Nurse Lindsay being in charge of the register.

* * *

RIVERS INLET, B.C.—The hospital at Rivers Inlet is again serving the fisherman and cannery employees of this district. Leaving the hospital at Bella Bella in charge of Dr. W. E. Austin and staff, Dr. G. E. Darby has again manned this summer branch hospital with an efficient staff for the season, the thirteenth in its history. It is operated by the United Church of Canada.

* * *

SAINT JOHN, N.B.—Dr. J. V. Anglin, superintendent of the Provincial Hospital, and his assistant, Dr. J. Boyle Travers, were both granted six months leave of absence, to be followed by retirement, at a recent meeting of the provincial government.

Dr. Anglin served the hospital 30 years, and Dr. Travers, 37 years.

Dr. Anglin will continue his association with the hospital in an advisory capacity, at least until a successor takes charge.

* * *

SAINT JOHN, N.B.—The establishment of a three-months postgraduate course in tuberculosis nursing at the Saint John Tuberculosis Hospital was approved by the commissioners of the hospital at their July meeting.

There is but one other postgraduate course in tuberculosis nursing established in Canada, that available in Toronto.

During the last two years there has been a two-months course for graduate nurses tried out at the local hospital and some 48 graduate nurses have taken these special studies. The 48 were mostly from New Brunswick and a few were from Nova Scotia. Nurses who have had no experience in nursing tuberculosis cases have found the need of such training and have been eager to enter for the postgraduate course. Dr. R. J. Collins, the superintendent, said it was the desire of these nurses for more extended training which had brought the recommendation for the establishment of the three-months course.

* * *

SARNIA, ONT.—Further progress towards the standardization of the Sarnia General Hospital was made on July 10th, at a meeting of the hospital commission. A complete reorganization of the X-ray department was authorized and Dr. R. E. Mitchell, radiologist, of Royal Victoria Hospital, Montreal, was appointed to take charge

of this department. He assumed his duties on August 1. The commission also appointed Dr. Gordon L. Anderson, graduate of McGill University, Montreal, house surgeon, with duties to commence July 15. Dr. Anderson's appointment is for one year.

The board received with regret the resignation of Miss Pearl Lumby, instructress to the training school. It is understood that Miss Lumby has accepted a position at Cochrane.

Through a bequest of Mrs. W. J. Hanna the commission has undertaken the construction of an annex to the children's ward. The addition will increase the accommodation from eight to 14 children. There will also be a sun porch.

* * *

TIMMINS, ONT.—Construction has commenced on an addition to St. Mary's Hospital, Timmins. This addition will be used temporarily as a surgery, but is ultimately intended as a solarium and will cost in the neighbourhood of \$1,800. Construction of the \$6,500 laundry will commence in the near future.

* * *

TORONTO.—A copy of the order-in-council authorizing the province to bear a portion of the labor costs on Toronto hospitals was received by Mayor Stewart on July 5th. The province will donate \$36,000 to St. John's Convalescent Hospital, \$100,000 to Toronto Western and Grace Hospitals, and \$5,000 to Mount Sinai Hospital.

* * *

TORONTO.—Negotiations are under way for the purchase of 25 acres at Newtonbrook by St. John's Hospital to be used as a site for a convalescent home. The property is part of the Elliott farm and is located in the rear of the Willowdale Golf and Country Club. At a meeting of the St. John's Hospital Board it was decided to buy the property, which is valued around \$750 per acre.

The property is reached by a wide entrance from Cummer Ave., at the end of which as it expands into the property is a fine site for the new home with a nice outlook over a ravine in the rear.

It is understood the hospital authorities plan to erect a building that will accommodate 100 beds.

"Daddy" Allen, the well-known president of the International Society for Crippled Children, is retiring from that post. At the 13th annual convention held in the Mount Royal Hotel, recently, "Daddy" gave in his resignation as he does not feel in a position to cover the 50,000 miles of travelling necessary each year.

Toronto has a new hospital plane for emergency service. This hospital ship is so constructed that a stretcher can be slid into place with the patient in a reclining position, and the plane will accommodate the pilot and two other passengers comfortably. This machine should prove a great boon to those who are taken suddenly ill in summer camps in the more inaccessible parts of Ontario.

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Hospital Aid News

"Every rose is an autograph from the hand of God on this world about us. He has inscribed His thoughts in these marvelous hieroglyphics which sense and science have been these many years seeking to understand."—*Theodore Parker.*

Annual Convention

EXTENSIVE preparations are being made for the Convention to be held at the Royal York Hotel, Toronto, Oct. 24, 25, 26. We wish to remind all affiliated Aids to make plans early for this meeting. It is the wish of the Provincial Association that every affiliated group send delegates to the Convention. Members of the Auxiliaries are also cordially invited to attend that they may be inspired by the splendid addresses and reports given at these meetings.

Printed programmes embracing all meetings and functions will be sent to each affiliated Aid at a later date.

Will each Affiliated Aid please bring a report of the year's activities for presentation at the meetings?

* * *

Miss Colter Honored

Miss Mary Colter, of Brantford, corresponding secretary of the Provincial Hospital Aids Association of Ontario, was signally honoured when a banquet was given for

her, and representatives from the various organizations of Brantford participated and paid tribute to the services given by her to the community. It marked the sixtieth milestone since Miss Colter entered the teaching profession. Fifteen years was spent as principal of the Central School. Forty-five years was given to teaching in the Brantford schools. Miss Colter was seventeen years treasurer of the Ladies' Aid of Zion United Church, eleven years a member of the advisory committee of the Provincial Hospital Aids Association, and 22 years ago started the Home and School Association in Brantford, and is secretary of the Brantford Historical Society. Miss Colter has given a long and valued service to the city of Brantford; was twelve years a member of the Board of Education, and is still an active Hospital Aid worker, having been president of the Brantford Hospital Aid for seven years.

A portrait of Miss Colter was unveiled during the banquet hour, which will hang in the nurses' home of the Brantford General Hospital.

MIDLAND.—The Provincial President addressed a meeting here recently which was held under the auspices of the Women's Hospital Aid. Much splendid work by the two societies working for the hospital was reported.

* * *

ST. CATHARINES.—The Board of Governors of the St. Catharines General Hospital entertained delightfully with a Garden Party on the grounds of the hospital on Friday, June 22nd, in celebration of the 60th anniversary of the Mack Training School for Nurses. Among the interest-

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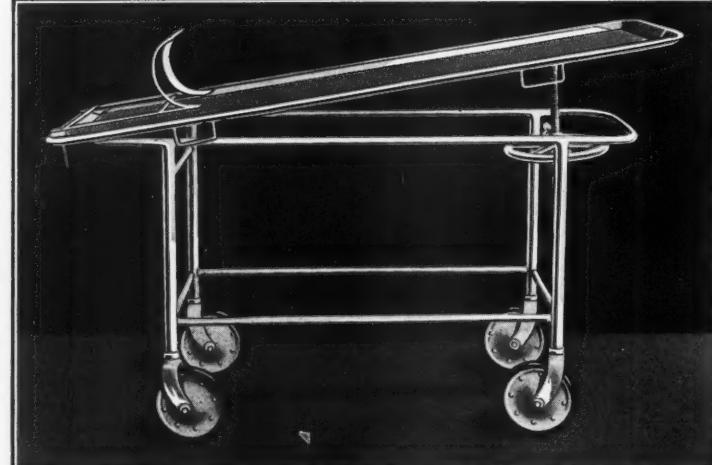
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ing guests were Dr. Greenwood, who was the intern in the St. Catharines General Hospital sixty years ago, when the first group of nurses graduated; and Mrs. Beattie of Seaforth, who is the daughter of Anne Carline, one of the first nurses to graduate at that time. Many were interested in the intimate pictures on view of Dr. Mack and those who were associated with him, also the diplomas which were presented to the first nurses to graduate in Canada. Mrs. Beattie very kindly loaned much of this material for the occasion. A very attractive souvenir booklet was purchased by many who attended.

The graduating exercises of the Mack Training School, 1934 class, held in the Collegiate Auditorium on the evening of June 21st, proved to be a most interesting event, as it also celebrated the 60th birthday of the Mack Training School. The Lieutenant-Governor and Mrs. Bruce attended. Dr. Bruce addressed the graduate nurses.

* * *

STRATFORD.—A very lovely room has been furnished in the new children's wing in the Stratford General Hospital by Mrs. Kenneth Turnbull, in loving memory of her late husband. Mrs. Turnbull is an active member of the Women's Hospital Auxiliary.

The Rotary Club of Stratford is also furnishing a room in the new wing of the General Hospital.

The Women's Hospital Aid is very active in an effort to complete the furnishing of this new wing, the formal opening of which will be announced at a later date.

* * *

TORONTO.—Many members of Hospital Aids attended the Silver Jubilee celebration pageant held at the Royal York concert hall on June 29th, under the auspices of the Canadian Nurses' Association. The production was one of the finest of its kind ever witnessed, and it is the hope of very many who attended that it may be repeated on another occasion. We have pleasure in congratulating those who were responsible for its production and success.

Suggests That Nurses Be Honoured With Title of "Sister"

That hospitals staffed with graduate nurses would cost no more than to maintain an efficient training school for nurses, was the statement of His Honour the Lieutenant-Governor of Ontario, Dr. Herbert A. Bruce, at the graduating exercises of the Mack Training School for Nurses, St. Catharines, Ont., in June.

Dr. Bruce, who reviewed the history of nursing and expressed approval of the "amiable practice in England," in honouring nurses with the title "Sister", urged that as head nurse had been changed to sister so superintendent should be changed to "matron".

Referring to the report of Prof. Weir following the survey in 1931, Dr. Bruce stressed the importance of following his idea that hospitals of less than 75 beds should not have training schools. He declared that by employing trained nurses in the small hospitals many graduate nurses would find employment and the number of graduates would be reduced to the point where the yearly number of new nurses could be absorbed.

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(Continued from page 4)

has been a wonderful source of education to us as well as a social gathering for hospital librarians. It is also making the public more familiar with the work and arousing more thought in the medical profession. Publicity is not thus "showing-off" but helping others.

Lectures are given each year by me or one of the committee to nurses and to the McGill Library School on Hospital Libraries.

As the slogan of this great Convention is "Charting the Course," in closing I would like to hint of the course I am dreaming of for the near future. After being asked by the A.L.A. in 1932 to write an article on Hospital Libraries of Canada—which later they did not want—I sent a questionnaire to every hospital in Canada of over 200 beds, and the main public libraries. The many replies that I received showed the seed was planted in this country, or at least the necessity of it known, though perhaps not enough careful attention was being given to its growth. My hope is to be able to visit many hospitals in this country, see what is being done with their libraries or what should be done, and in some way bring all Canadian Hospital Librarians closer together and connected with the American Library Association.

Summer Home Gift to Victorian Order of Nurses

A beautiful summer home set in extensive grounds, at Blue Sea Lake, has been presented to the board of management of the Ottawa branch of the Royal Victorian Order of Nurses by Mrs. J. de St. Denis LeMoine, it was learned early in July. The presentation of this large summer residence is being made with the understanding that it is to be used as a summer resort for nurses.

Mrs. LeMoine is presenting the building to the board as a memorial to her daughter, the late Pauline LeMoine. Members of the board of the nursing institution have visited the large summer residence, making an inspection of the place, and have gratefully accepted the gift. It will be known as the "Pauline LeMoine Memorial."

Blue Sea Lake, one of the most beautiful of all the Gatineau summer resorts, lies about 70 miles from Ottawa and is reached via the Hull-Maniwaki highway.

Mrs. LeMoine's munificent gift is valued at around \$30,000. The building contains 12 bedrooms and will make an ideal summer home for nurses as it is understood that it is splendidly equipped with modern conveniences. The beautiful grounds surrounding the building comprise three or four acres of land.

Memorial Dedicated to Dr. Frank H. Pratten at Byron

The memory of the late Dr. Frank H. Pratten, for many years superintendent of Queen Alexandra Sanatorium, Byron, Ont., was impressively honoured a few weeks ago by men whose undying gratitude he earned.

A bronze tablet was unveiled in the Veterans' Memorial

waiting room which was built in 1930. The monument is inscribed as follows:

"In loving memory of Major Frank H. Pratten, M.D., (Tor.) F.A.C.P., F.R.C.P., (Can.). This tablet erected by Byron Branch, No. 69, Tubercular veterans' section, Canadian Legion, B.E.S.L."

War veterans formed two lines in front of the little building and stood at attention during the ceremony. After the service they filed past the memorial to pay their individual tribute to Dr. Pratten.

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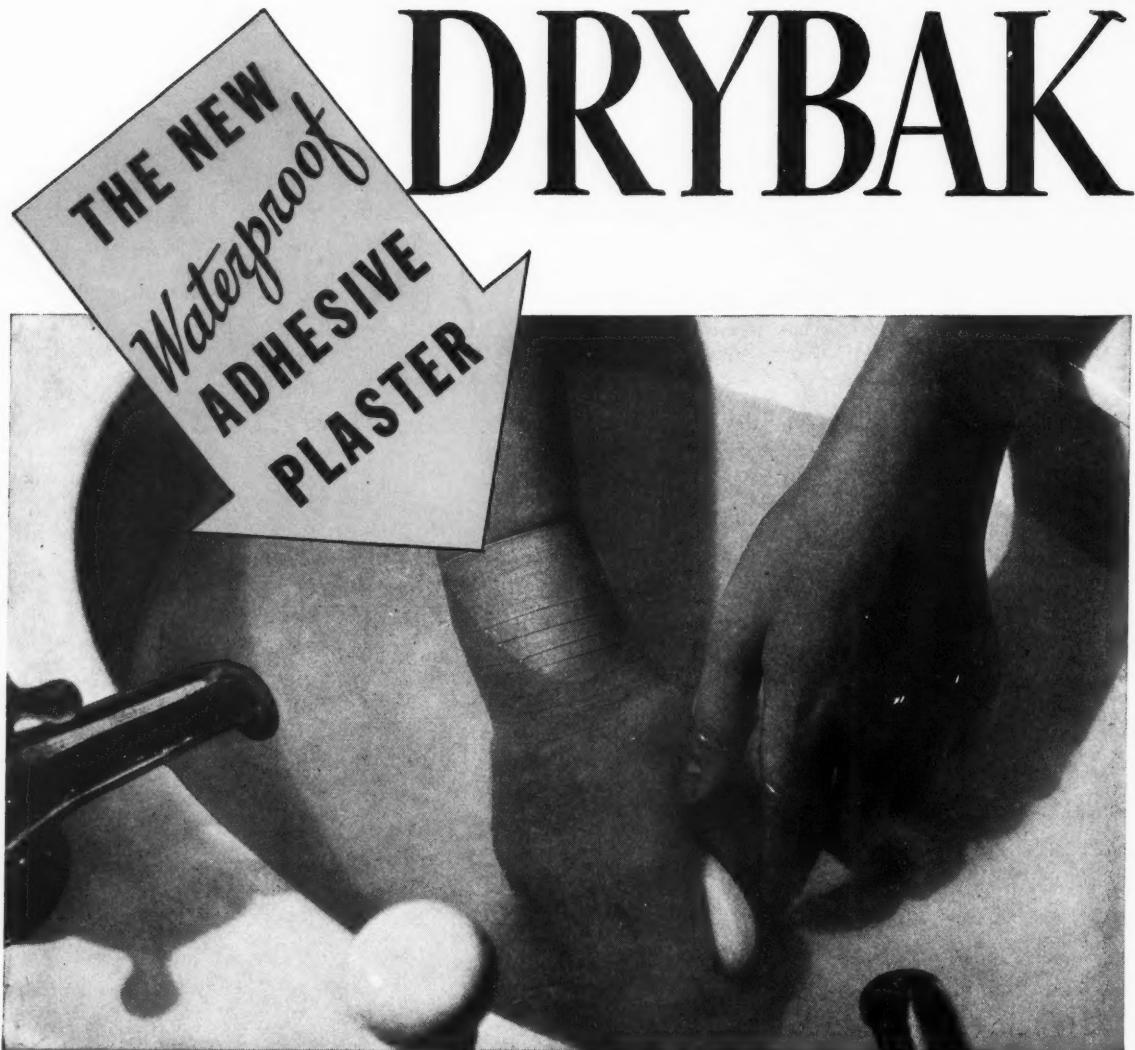
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